. S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25303

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6323

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours (Specify whether years, months or days) In this community 46

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1479 Peabody Court (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry H. Hansaker

3. (b) If veteran, name war No

3. (c) Social Security No. 495-12-7962

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Barbara E. Cowan

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased December 21 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	6	25	hr. min.

9. Birthplace Jonesborough Ills (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Magazines

FATHER 12. Name Victor M. Hunsaker

13. Birthplace Jonesborough Ills (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Margaret E. Goyer

15. Birthplace Cincinatti Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Barbara Hunsaker

(b) Address 1479 Peabody Court

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/18/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Henry L. Weidemueller

(b) Address 6203 Gravois Ave.

19. (a) JUL 18 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day July year 1946 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage caused by gunshots of the chest and abdomen inflicted with a gun in the hands of one Frank Joseph Hickey, in the home, 1479 Peabody Court,

Due to around 10:45 P.M., July 15, 1946.

JUSTIFIABLE HOMICIDE

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) homicide

(b) Date of occurrence July 16, 1946

(c) Where did injury occur? St. Louis (City or town), Mo. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury gun

23. Signature (M.D. or other)

Address Date signed 7/17/46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Elmo R. Sadwell

Licensed Embalmer No. 4077

P.O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.